

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive U.S.A. Voters			FEC IDENTIFICATION NUMBER ▼ C C00532812		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Grassroots Voter Outreach			Date M M / D D / Y Y Y Y Y Y 02 / 22 / 2013		
Mailing Address 59 Temple Place			Amount 2500.00		
City Boston		State MA	Zip Code 02111		
Purpose of Expenditure paid voter contact canvass		Category/ Type 001	Transaction ID : SE.4186		
Name of Federal Candidate Supported or Opposed by Expenditure: DEBORAH L HALVORSON			Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 19904.00			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			2500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶			2500.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Dyana Mason		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 02 / 22 / 2013	